

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 331276

1. Entity Name
BROWARD ACCOUNTING SYSTEMS INC



Principal Place of Business
**2317 NE 8TH STREET
FORT LAUDERDALE, FL 33304 US**

Mailing Address
**2317 NE 8TH STREET
FORT LAUDERDALE, FL 33304 US**



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1213701 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LARCHE JR, JAMES
2632 N.W. 43RD ST.
SUITE A-102
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JOHNSON, JOHN A
STREET ADDRESS	2317 NE 8TH STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304
TITLE	VS
NAME	JOHNSON, CAROL S.
STREET ADDRESS	2317 NE 8TH STREET
CITY - ST - ZIP	FT. LAUDERDALE, FL 33304
TITLE	S
NAME	LARCHE JR, JAMES (ASST.)
STREET ADDRESS	2632 NW 43RD ST., STE. A-102
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	D
NAME	JOHNSON, JOHN
STREET ADDRESS	2317 NE 8TH STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	JOHNSON, CAROL S.
STREET ADDRESS	2317 NE 8TH STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000301584
04/13/05-80035-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *John A. Johnson* **JOHN A. JOHNSON, PRES.** 4-11-05 954-565-2897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #